

**IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD**510 EAST 12<sup>TH</sup>, SUITE 1A

DES MOINES, IA 50319

Fax: (515)281-3701

www.iowa.gov/ethics

IA ETHICS AND  
CAMPAIGN DISCLOSURE BOARD  
2009 OCT 12 AM 9:52**FORM-GBG**Gift, Bequest, or Grant information  
received by a department or  
accepted by the Governor on behalf  
of the state**For office use only**Indexed \_\_\_\_\_  
Audited \_\_\_\_\_  
Checked \_\_\_\_\_  
Computer \_\_\_\_\_

Iowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to be filed within 20 days of receipt of the gift, bequest, or grant.

**DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:**

Iowa Dept. of Public Health- Bureau of EMS

Name of Department or Office

Mailing Address

321 E 12<sup>th</sup> Street

City, State, Zip Code

Des Moines, IA 50319

Area Code &amp; Telephone No.

515-281-0609

**CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:**

Cindy Heick

Name

Mailing Address (if different from above)

cheick@idph.state.ia.us

City, State, Zip (if different from above)

Email Address

Area Code &amp; Telephone Number (if different from above)

**DONOR OF GIFT, BEQUEST, OR GRANT:**

DPS/ Governor's Traffic Safety Bureau

Name

215 East 7<sup>th</sup> Street, 3<sup>rd</sup> Floor, Des Moines, IA 50319-0248

Mailing Address

City, State, Zip Code

(515) 725-6126

Area Code &amp; Telephone Number

Email Address (optional)

Pedestrian/ Bicycle Safety, PAP 10-08, Task 01

10/01/2009 to 09/30/2010

\$10,000.00

Date of Gift, Bequest, or Grant

Amount/Value\*

\*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift, bequest, or grant and purpose thereof: : Contract activities: Four (4) Iowa bicycle safety programs, conduct surveys of helmet use, bicycle awareness activities, purchase/distribute bike helmets and safety material and provide local training / education activities.

Criteria to use this form:

Receipt of any gift, bequest, or grant that is received by any department of the state or received by the Governor on behalf of the state.

**Statement of Affirmation:**

I, Cindy Heick affirm that the gift, bequest, or grant reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Cindy Heick

Signature

10-9-09

Date

**IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD****510 EAST 12<sup>TH</sup>, SUITE 1A****DES MOINES, IA 50319****Fax: (515)281-3701****www.iowa.gov/ethics****IA ETHICS AND  
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515-281-0609**CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:**Cindy Heick

Name

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cheick@idph.state.ia.us

City, State, Zip (if different from above)

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City, State, Zip Code

(515) 725-6126

Area Code &amp; Telephone Number

Email Address (optional)

Occupant Protection Incentive Grant, 09-405, Task 1

10/01/2009 to 09/30/2010

\$153,000.00

Date of Gift, Bequest, or Grant

Amount/Value\*

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